PLEASE TYPE OR WRITE-PLAINLY, WITH UNFADING INK.

VS.

Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

E,	18	04627
leg.	Dist.	No. 139

4652 CER	TIFICATI	E OF DEA	TH Reg. D	U4041 ist. No. 139
1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DECEAS	SED:
county Frederick M	ABVI AND	Mar.	yland county Ann	a Amindal
COONTY	ARYLAND LENGTH OF STAY	CITY(If outside	e corporate limits, write RURA	end give nearest town
X TOWN Cullen	(in this place)	OR TOWN Ann		
HOSPITAL OR	348 days	STREET	(If rural give location	02-10-2
UNSTITUTION OR Victor Cullen Stat	e Hospital	ADDRESS	133 East Port Term	,
3. NAME OF (First) (Middle DECEASED:	le)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Bernard Hasse	11 Ba	all	OF DEATH: May	17, 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIE RACE: WIDOWED, DIVO	DOED	OF BIRTH:	9. AGE last birthday IF UNDER	1 YEAR IF UNDER 24 HRS
Male White (Specify): Marr		27, 1916	39 yrs. Months	200
work done during most of working life OP IN	DUSTRY:	FI. BIRTHPLACE	(State or foreign country): 1	2. CITIZEN OF WHA COUNTRY?
even if retired) Laborer Labore	r	Virginia		U. S. A.
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:	
James Ball		Lillie	Stillwell	
	AL SECURITY NO.	17. INFORMANT	& ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 223-1	2-4806 .	Bernard Has	sell Ball, 1133 Es	st Port Terre
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Acute corons	ary occlusion	1	few minutes
II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING			
TO THE DEATH BUT NOT RELATED TO THE		Tuberculos:	t a	1
DISEASE OR CONDITION CAUSING DEATH			ra	4 years.
138. MASOR PINDING	S OF OPERATION			YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Home, farfi, fact street, office bldg.,	etc. INJURY OCCL		inty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E IN. OF INJURY M. 21E IN.	Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceas	sed from June	3, , 19.54, to Me	ay. 17, 19.55, that I la	st saw the decease
alive on May 17 , 19.55, and that designature		11:20 _M , from t	he causes and on the dates	e stated above. ATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF		D. Culler		20, 1955
23. BURIAL, CREMATION, DATE THEREOF Burial 5-21-55	Cedar Bluf		Annapolis, Md.	or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNAL	URE	24. FUNERAL	DIRECTOR Ann	a posperss.

2361 ES YAM

BECEINED

						H—BALTIMO	RE, 18	04629
	46330	– CE	RTIFIC	CATE	OF DEA	MAN	Reg. Dis	t. No. 7
I. PLACE OF	DEATH:		-	1	2. USUAL RESIDI	ENCE (HOME) OF I	ECEASED:	
COUNTY	Frederick		MARYLA	ND	STATE Va		cou	NTY
CITY (If o' OR and TOWN	utside corporate lim give nearest town) Frederick	its, write RURAL	LENGTH (in this	OF STAY place)	OR TOWN Arli		rite RURAL	and give nearest town)
IIOSPITAL INSTITUTI STREET AI	ON OR	507 Biggs	Ave.		STREET ADDRESS 31	.25 S. Staffo	ord St.	n)
3. NAME OF DECEASED: (Type or Pri		(M	(iddle)	D	(Last)		onth) (Da	(Year), 6 19 55
5. SEX:	s. COLOR OR RACE: white	7. SINGLE, MAR WIDOWED, DI (Specify): maj	IVORCED,	8. DATE 0		9. AGE last birthda; 58 yrs	Months: 1	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OG work done even if ret	CCUPATION Give during most of work ired Chemical	kind of 10b. KI ing life, IN Engineer	ND OF BUS DUSTRY:	INESS OR	Md.	(State or foreign c	ountry): 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S					14. MOTHER'S MAI	DEN NAME:		
James E	Beall				-	Miller		
Yes, no, or unk	sed Ever IN U.S.ARME (If Yes, give war service) World	or dates of	CIAL SECURITY		nformant & AD s. Ruth Ruda			lington, Va. Stafford St.
Immedia	OR CONDITIONS te cause nt causes(s) r conditions, if any to the above cause underlying cause is	(a) A C DUE TO (b) Co	1 1	ATH	nary or	lema		Interval Between Onset And Death ZO Mi z-
Conditions of related to the	GNIFICANT CONDI- contributing to the d he disease or conditi	leath but not on causing death.						
19a. DATE OF	OPERATION: 19b	. MAJOR FINDI	NGS OF OPE	RATION				20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Hom OF office INJURY	ne, farm, fact	ory, street,	(CITY OR TOW	'N) (COU	NTY)	(STATE)
TIME (Mont OF INJURY	th) (Day) (Year)			While Vork [HOW DID INJUR	Y OCCUR?		
alive on SIGNATU 23. BURIAL, COM REMOVAL Burial	REMATION, DATE	, and that de	eath occurr or title) D. NAME OF	ed at 2:4	SAM DS Ifroi SAM DS Ifroi AD Y OR CREMATORY	n the causes and DRESS LOCATION (Ci	on the date	5/16/53
				•	V	1 al	00,1	1.00

ALT DIAMEN NOTIFE

all the same

All miles

THE STREET, ST

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and the best of the

CERTIFICATE OF DEATH

131

		T.	OR MEDICAL	DAAMINDICS	Keg.	Dist. No.	•	
COUNTY Fre	Frederick MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Frederick				
OR give neares	corporate limits, write RURA st town) Adamstown	L and	LENGTH OF STAY	OR TOWN Adams		L and give	o oearest tow	n)
HOSPITAL OR INSTITUTION O STREET ADDRI	OR ESS			STREET ADDRESS	(If rural, give lo	eation)		1
3. NAME OF DECEASED (Type or Print)	(First) THE ODERIC	N	(Middle) ATHANIEL	(Last) BEACH	OF DEATH	ontb) May	-	(Year) 19 5
Male	White	7. SUN WIDO (Spe	WED, DIVORCED,	8. DATE OF BIRTH 2 March 1879	9. AGE last birthday 76 yrs.	Months	Days Hour	Min.
done during most of	PATION (Give kind of work) working life, even if retired)		IND OF BUSINESS OR	Virginia		12.	COUNTER OF	WHAT
13. FATHER'S NA	ME			14. MOTHER'S MAIDE				
Silas W.		1 10 0	- San Ma	Virginia Spi	INKS			
(Yes, no or unknown	EVER IN U.S. ARMED FORCES!) (If yes, give war or dates o service)	226	-16-4642	Mrs. George Po		wn, Ma	aryland	
420.1	CONDITIONS DIRECTLY	LEADIN	18. MEDICAL CE		tion		INTERVAL E	
	ent cause(s) r conditions, if any, (b)	Bei	walized	l'enfare arteris-se	chracis	1 a a v 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	?	
giving rise	to the above cause underlying cause last	2	ema Al	etaris	(i) A MAA-MAANIO OSEE OBSEET (III) HO HELY AMANIO TO () THE BEET CO	1 % and resource 6 % 0 4 0 0 0 11 0 11 4 11	1 400	r (?)
Conditions contril	FICANT CONDITIONS buting to the death but not lease or condition causing deatl	1.	0					
	ERATION 19b. MAJOR F		GS OF OPERATION				Yes 🗆	PSY1
21. EXTERNAL CAPRIMARY OR CAUSE OF DEAT	CONTRIBUTING [OF	office	ne, farm, factory, street, hldg., etc.)	(CITY OR	TOWN) (COUNTY)	(STAT	(E)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJUR While s work	Y OCCURRED t Not while at work	HOW DID INJURY O	CCUR?			
obtained by sa from: nature SIGNATURE	I took charge of the remaind Autopsy, Inspection or al causes KK accident	Inqui , suic	ry, find that said dece ide [], homicide [], (Degree or title)	eased died on the day state undetermined	ed above, and death	in my	from the evopinion re	igned
23. BURIAL, GREA BURIAL (Spo	WATTING DATE THEREO	F	NAME OF CEMETE	ery or crematory odist Cemetery	Near Luckett		ty) (S	State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNA'	TURE	24. FUNERAL DIRECT		deniele	ADDRES	-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the ruses of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

DECEINED .

RESERVED

COUNTY Fred.

(Year)

Hours

12. CITIZEN OF WHAT

Interval Between

Onset And Death

20. AUTOPSY ?

Yes No No

(STATE)

DATE SIGNED

(Day)

OBVERDER . S. V. UAERU.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04651

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY FREDERICK MARYLAND	STATE ARYLAND COUNTY	DERICK
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town):	CITY (If outside corporate limits, write RURAL and give	nearest town)
FIRED FRICK HIS VEARS	TOWN FREDERICK	11
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR 344 E. THIRD ST	1 344 FTHIRD ST	
3. NAME OF (First) (Middle) DECEASED 10-11-10-62	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) VV / L L I A W L U H E R	COMER DEATH MAY	18 195.
6. COLOR OR RACE 7. SINCLE, MARKIED WIDOWED, DISTRICED, (Specify) W/OOWED	8. DATE OF BIRTH 9. AGE last birthday II under I 4-4-1875 9. AGE last birthday Months	year If under 24 hrs Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of done during most of working life, even if retired) INDUSTRY RAIL ROAD		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	20/1
SAMUEL COMER	I ELLEU COX	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS (DAUGHTE	ER) MA
(Yes, no, or unknown) (If yes, give war or dates of 7/6-/2-36/3	MRS LUCIAN K FALCONER NEW	WMARKET
18. MEDICAL CE	ERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.0 CATTONIO - SCOL	eratic heart deslace	5,00(2)
Immediate cause (a)	same made purchase	070.(;)
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	aus Syndrome	5 yrs.
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Macracylic	e antrica	2 years.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🔀
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
and I have a self-that I amount of the same of the sam	1054 18 may 1055	- 41
22. I hereby certify that I attended the deceased from 2./2.7	, 1997., to.I.D. 22.14.7, 19, that I last sa	w the deceased
alive on 3 May 1955, and that death occurred at 1	ADDRESS ADDRESS	ted above.
Charles 1x Couley or Mich 7	rederiele, md. 18	May 1955.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) MAY 21-1955 MT OLIV	ERY OR CREMATORY LOCATION (City, town, or county) FT CEMETERN FREDERICH	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20 1733 1 Elystick of Flesh.	The citarconer rew marie	x my

DECEIVED MAY SE 1975

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

The

Supply every item of information carefully.

04632 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4636 CERTIFICATE OF DEATH Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	erick
CITY (If outside corporate limits, write RURAL LENGTH OF STA	Y CITY(If outside corporate limits, write RURAL a	
// OR and give nearest town) (in this place) Frederick Years	Frederick	11
HOSPITAL OR INSTITUTION OR	STREET (If rurai give location)	
Ostreet Address 4 Frederick Avenue	4 Frederick Avenu	le
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) RAYMOND HEDGES	CRUM DEATH: May 2	20, 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIMETED, April	Months T	Pays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even Instrument Maker Camp Detrick	11. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George C. Crum	Jennie Martz	
5. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 4 Freder	rick Avenue,
(Yes, no or unk.) (If Yes, give war or dates of service) NO 357-18-9173	Mrs. Elizabeth F. Crum, Frederic	ck, Maryland
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	ATION	INTERVAL BETWEEN
	ma tosis	Graouths
ANTECEDENT CAUSE (S)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	ous cell la of urinary bladder	5 Months
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON .	20. AUTOPSY?
1 Jan 16,1955 Carcinom of vroma	any bladdow	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of Death OF INJURY street, office blds (IF EITHER, NOTIFY MEDICAL EXAMINER)	actory. 21c, WHERE DID (City or town) (Count g., etc. INJURY OCCUR?	ty) (State)
21b. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan	19 17, to May 20, 19, T, that I last	saw the deceased
alive on May 20 , 19 , and that death occurred a	at10:00AM, from the causes and on the date	stated above.
SIGNATURE	ADDRESS DAT	TE SIGNED
	M.D. Frederick, Maryland	0/21/1955
DESCRIPTION OF THE PROPERTY.	TERY OR CREMATORY LOCATION (City, town, or	
Burial May 23,1955 Mount Oliv	vet Cemetery Fredercik, Mar	yland
DATE REC'D BY LOCAL REGASTRAR'S SIGNATURE REGISTRAR 23 May 955 Challes 5.	M. R. Etchison & Son, Frederic	ADDRESS ck, Maryland

DECEDVED
MAY 24 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

(Day)

R.D.#2

(Year)

19 55

Hours |

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes No

(State)

ADDRESS

(STATE)

Fairfield.Pa.

COUNTRY?

U.S.A.



Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Lucian K Falconer

CERTI	RIC	ATTE	OF	DE	HT
				2 2 3 4 4	

Reg. Dist. No.

4655 CERTIFICATE	E OF DEATH Reg. Dist. No. 73	83
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	Maryland COUNTY Frederick	
COUNTY TIEGETTON MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE MATYLAND COUNTY Frederick CITY(If outside corporate limits, write RURAL and give neare	est town)
OR and give nearest town) Town Frederick-Rural RD#6 (in this place) years	TOWN Frederick-Rural RD#6	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Haughs Shop Road, near Pearl	STREET (If rural give location) ADDRESS Haughs Shop Road, near Pearl	1
or transfer or		^{car)} , 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	of BIRTH: 9. AGE last birthday IF UNDER 1 YEAR HOURS Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Leather Factory	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY? Maryland	WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1-11
Thomas S. Nusbaum	Ella Rippeon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes no, or unk.) (If Yes, give war or dates 218-24-9563	Howard F. Damuth, RD#6, Frederick, Md.	•
IMMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	lynde notes & myscardium.	195
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19A, DATE OF OPERATION: 19B, MAJOR FINDINGS OF OPERATION	N [
2 PARTIES OF GERATION.	20. AUT	NO [
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (S etc. INJURY OCCUR?	tate)
OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-13	5 , 195 , to 5-10 , 1955, that I last saw the d	eceased
alive on 5-10, 1955, and that death occurred at SIGNATURE	8:45A M, from the causes and on the date stated abov ADDRESS DATE SIGNED D. Frederick, Maryland 10 May 1955	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) 1 Cemetery Monrovia, Maryland	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 Lucian K falconer	M. R. Etchison & Son, Frederick, Md.	



CERTIFICATI	E OF DEATH Reg. Dist.	No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	•
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frede	rick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)		
Frederick Years	Frederick	1.1
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS 211 Rockwell Terrac	e /
3. NAME OF (First) (Middle)		uy) (Year)
DECEASED: (Type or Print) MARIE HAMMOND	DAVIS OF DEATH: May	31. 19 55
5. SEX: 6. COLOR OR RACE: WIBOWED, BIVORCED: Novemb	or 27, 1896 9. AGE last birthday IF UNDER 1 YE Months Ds	AR IF UNDER 24 HRS. Ays Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if Heilsework 10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. (COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Dr. Robert 1. Hammond	Fannie Gilbert	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: 211 Rockwe	Il Terrace,
(Yes, no. or unk.) (If Yes, give war or dates of service) No None	Dr. Bernard M. Davis Sr., Frede	rick. Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE (A) Hemochrom	atosis	2 mos.
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)	MELLINGUE DE LEGICIE DE	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemolytic	Anaemia (Acquired)	25 years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO		20. AUTOPSY?
Jan 21, 1955 Splenomegaly (Compatable	with Hemolytic Anaemia)	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from han	29, 1955, to han 3/, 1955, that I last	saw the decease
alive on han 3/ 1955, and that death occurred at		tated above.
	A.D. Frederick, Maryland 5	/31/1955
BEHOWAT (SPECIEV)	ret Cemetery Frederick, Mar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 31 May 1900 Elizabeth 5. Herb.	M. R. Etchison & Son, Frederic	ADDRESS



MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

age is especially important.

PLEASE WRITE PLAINLY,

4638

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

eg. Dist. No. 136

2000	CERTIFICAT	E OF DE	ATH	Reg. Dist. N	vo. 131
I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DE	CEASED:	
COUNTY Frederick	MARYLAND	STATE Ma:	ryland	COUNTY	Frederic
CITY (If outside corporate limits, write	RURAL LENGTH OF STA	Y CITY (If outs	ide corporate limits, wri		
OR and give nearest town) Frederick	Life long	TOWN Fr	ederick		11
HOSPITAL OR		STREET		give location)	,
INSTITUTION OR STREET ADDRESS 530 Mary	Street	ADDRESS 5	30 Mary Street		•
3. NAME OF (First) DECEASED:	(Middle)	(Last)	4. DATE (Mon		(Year)
(Type or Print) Etta		err	DEATH: Maj		19 55
5. SEX: S. COLOR OR 7. SINGE WIDO	E, MARRIED, 8. DAT WED, DIVORCED,	E OF BIRTH:	9. AGE last birthday:	Months Days	
Female White (Specif		ay 20-1868	87 yrs.		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper	10b. KIND OF BUSINESS INDUSTRY: Own Home	OR 11. BIRTHPLAC	E (State or foreign cou	intry): 12. CIT	USA
13. FATHER'S NAME:	OWII HOME	14. MOTHER'S MA		-	UOA
Luther C. Derr		Victoria	Fraler		
15 WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.:	17. INFORMANT & A	DDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service)	None	Mrs. Wm. Fle	ming-530 Mary	St. Freder	rick_Md.
7.10	18. MEDICAL CERTIFICA		ming-//o marj	DU TECC.	
I. DISEASES OR CONDITIONS DIRECTLY					Interval Between
		100 + 1	= 10		3 runth
Immediate cause (a)	To Magshi	MEHLY	au		3 carring
Antecedent causes (s)	TO arteriose	1. T. W.	+ Dines		2 50.
	anewore	ensu pru	1 Poense		Jelina
stating the underlying cause last. DUE	10				
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but n					
related to the disease or condition causing 19a. DATE OF OPERATION: 19b. MAJOR		N			20. AUTOPSY
0					Yes No
21. ACCIDENT (Specify) PLAC OF INJU-	CE (Home, farm, factory, stroffice bidg., etc.)	eet, (CITY OR TO	WN) (COUN	TY) (STA	ATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURED	HOW DID INJU	RY OCCUR?		
OF INJURY m.	While at Not While Work At Work				
22. I hereby certify that I attended th	e deceased from Jin.		May 1955,	that I last sa	w the decease
alive on 2% May , 1955, and	that death occurred at	7:30P.M. fre	m the causes and o	n the date sta	ated above.
SIGNATURE	(Degree or title)	A.	DDRESS	DATI	E SIGNED
Showing & String		4 W 3 ml	St	5-3/	
23. BURIAL, CREMATION, DATE THERE BURIAL (Specify) May 31-1			LOCATION (City		
DATE REC'D BY LOCAL REGISTRAR'S		Cemetery	Frederick-	- Maryland	ADDRESS
REGISTRAR	to by the b.		and Son-Frede		44224400
Al Micro 1914 Theory	WW M TTO IN	O D O TING	GIIG DOIL-LIEGE	かず ずら ビー 神(でき	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04637

4656 CERTIFICATE OF DEATH

Reg. Dist. No. / 3 44

VI	Reg. Dist.	110.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland COUN	TY Frederic
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Emmitsburg, Md. 52 yrs.	CITY (If outside corporate limits, write RURAL and OR TOWN Emmitsburg,	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Raymond Daniel Eyl		19 55
Male White Specify): Single April	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE 29, 1903 52 yrs. Months Da	ys Hours Min.
IOS. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor IOS. KIND OF BUSINESS OF INDUSTRY: General labor IOS. KIND OF BUSINESS OF INDUSTRY: General labor	Emmitsburg, Md. 14. MOTHER'S MAIDEN NAME:	U.S.A.
Joseph E.J. Eyler Sr.	Jennie Linn Tressler	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRESS:	ore, Md.
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 32 2 (a) Circles 1 DUE TO Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cleabolism DUE TO (c)	w -	years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ? Yes □ No 🔼
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
Buria May 21, 1955 Mt. Vie	130 PM 657, from the causes and on the date of ADDRESS Entra talung Md. RY OR CREMATORY LOCATION (City, town, or country)	stated above. TE SIGNED ay 17, 1955 unty) (Stat Md.
2 REGISTRARY 1-19-5 M. To	I. I. Allisma Emmitsb	urg, Md.

S.

L. Allison

VS. A15

2361 PS YAM

BECEINED

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE OR

VS. A15

especially important. Physicians: please write the causes of death clearly and legibly.

4657 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFI	CA	THE	OF	DEA	TH
	UJH				

Reg. Dist. No. 4538

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Prin	ce Georges
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) (in this place) 1670 days	or rown Berwyn	16x-2
HOSPITAL OR	STREET (If rural give location)	101-00
OUSTREET ADDRESS Victor Cullen State Hospital	ADDRESS Canary Cottages	$\sqrt{}$
		Day) (Year)
DECEASED: (Type or Print) John A.	Fischer OF DEATH: May	16, 19 55
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday 15 Months D	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Laborer Laborer		S. A.
even it retired): Laborer Laborer 13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	S. A.
Clemens Fischer	Barbara Myers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates 191-18-8376 Yes of service) W. W. I 1917-1919	John A. Fischer, Berwyn, Maryl	and
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
OOLX Pulmonomy	Tuberculosis	E mone
IMMEDIATE CAUSE (A)	1110STGUTOS1S	5 years.
ANTECEDENT CAUSE (S)		A 1700 TH
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(c)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0		YES NO X
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct.	19,, 19.50 to May 16., 19.55, that I last	saw the deceased
alive on May 16 , 1955 , and that death occurred at signature	P.M. ADDRESS DAT	E SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	Cullen, Md. May 17	
REMOVAL (SPECIFY) Burial 5-19-55, National	Arlington, Va.	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR P/9P/PP/	727 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	470



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Physicians

I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick COUNTYFrederick STATE Marvland MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) (in this place) OR TOWN Emmitsburg, Emmitsburg. vrs. HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Day) (First) (Last) (Month) (Year) DECEASED: Taylor Garner DEATH: MAY 19 55 (Type or Print) Agnes 5. SEX: 7. SINGLE, MARRIED. 8. DATE O WIDOWED, DIVORCED, (Specify): Widowed April S. COLOR OR 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH: RACE: Months Days Hours Female White 21. 1889 10a. USUAL OCCUPATION..Give kind of 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): | I2. CITIZEN OF WHAT work done during most of working life. INDUSTRY: COUNTRY? even if retired): Housewife Own Home Frederick County. Md. U.S.A. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Mary T. Click John K. Taylor 15 WAS DECEASED EVER IN U.S. ARMED FORCES ! 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Arlington (Yes, no, or unk.) | (If Yes, give war or dates of service) No None Va. 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Oner And Death 14/67 Immediate cause (a) DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ? Yes No 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) office bldg., etc.) OF HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While At Work INJURY Work [22. I hereby confify that I attended the deceased from ...,19, that I last saw the deceased alive on , and that death occurred at , from the causes and on the date stated above. SIGNATURE (Degree or title) BURIAL, CREMATION, DATE THEREOF (State) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) St. Anthony's Shrine Emmitsburg 1955 I, Md. FUNERAL DIRECTOR Emmitsburg. Md.

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RE, 18 046411 Reg. Dist. No. 13 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 4639

I. PLACE O	F DEATH:			2. USUAL	RESIDE	NCE (HOME)	OF DECEA	SED:		
COUNTY	Frederick		24 4 70 40 7 4 2 7 70	STATE	7/60	rvland		COLINTY	Frede:	rick
CITY (If	outside corporate lim	its, write RIIR	MARYLAND AL LENGTH OF STA			corporate lim	its, write RI			
OR and	give nearest town)	,	(in this place)	OR TOWN		erick				11
HOSPITA	Frederick		/ years	STREET			f rural give	location)		1
INSTITUT	TION OR			ADDRES	20					/
OO STREET	ADDRESS 2144 S	outh Car	roll Street		244	South C	arrott	Street		
3. NAME OF DECEASED	(First)		(Middle)	(Last)		4. DATE	(Month)	(Day)	(Year)	
(Type or P			MAY	GUE		OF DEATH:	May	4	19 55	
5. SEX:	S. COLOR OR RACE:	7. SINGLE, M WIDOWED,	ARRIED 8. DAT	E OF BIRTII:		. AGE last bi				
Female	White	(Specify):	Widowed Febr	uary 16.	1875	80	yrs. Mor	nths Days	Hours	Min.
IOa. USUAL	OCCUPATIONGive k	ind of 10b.	KIND OF BUSINESS	OR II. BIRTH	PLACE	(State or fore	eign country	: 12. CIT	IZEN OF UNTRY?	WHAT
work done	e during most of worki etired): Housewif	ng life,	Own home	Maryl	220			US		
13. FATHER'S		0	OWII HOME	14. MOTHER		EN NAME:		1 00	Λ	
0.71	77			Lucind	a Max	7022				
To WAS DROP	ous Hawes	n Forces 21 16	SOCIAL SECURITY No.:							
(Yes, no, or un	k.) (If Yes, give war	or dates of						36 3		
4 No	service)		None	r. Jasper	R. G	ue - Fre	derick,	Maryl	and	
/		18.	MEDICAL CERTIFICA	TION					Interval	Between
. 45	S OR CONDITIONS	DIRECTLY LE	ADING TO DEATH						Onset And	
42			A.	51.				3	30 La	,
Immedi	ate cause	(a) DUE TO								-
Anteced	lent causes(s)		A	8	0	-			1200	.0 1
Diseases	or conditions, if any	(b)		litter of a						TO Y
stating th	he underlying cause la	st. DUE TO	U							100
		(e)								
II. OTHER S	IGNIFICANT CONDITIONS contributing to the d	TIONS								
	the disease or condition		h.							
19a. DATE OF	OPERATION: 19b	MAJOR FIN	DINGS OF OPERATIO	N					20. AUTO	PSY ?
)								Yes 🗌 N	No 🗆
21. ACCIDEN SUICIDE	(-2)	OF of	Iome, farm, factory, str fice bldg., etc.)	eet, (CITY O	R TOW	V)	(COUNTY)	(STA	(TE)	
HOMICID:		INJURY								
OF	nth) (Day) (Year)	Wh	IURY OCCURED ile at Not While	HOW DID	INJURY	OCCUR?				
INJURY			ork At Work							
22. I hereb	y certify that I att	ended the de	ceased from	3,1955., t	o Ser	ag. 4, 19	53, that	I last sa	w the dec	ceased
alive or	my 4. 19 5	5 and that	death occurred at	4:00 p.m	a from	the cances	and on the	e date sta	ated above	e.
SIGNAT	URE	(Deg	ree or title)		ADE	RESS	and on on	DATE	ESIGNED	
	(2)	of Lan	man	. 7	Dard	excel !	ms	MANG	6.19	53
		E THEREOF	NAME OF CEME	ERY OR CREM	ATORY	LOCATIO	N (City, tow	n, or count	y) (Sta	ate)
Bur	L (Specify)	7. 1955	Mount Oliv	et Cemete	rv	Frede	rick.		larylan	d
DATE REGISTRA	C'D BY LOCALI REC	ISTRAR'S SIG	NATURE	24. FUNERA	L DIRE	CTOR			ADDRESS	
6 WAGA	1954-18	H. V. oil	y took.	C. E. C	line	& Son -	8 East	Patric	k Stre	et_
-		- America					Fradari	ak Ma	hae fren	

2321 6 YAM

(DRy)

(Year)

Hours

Interval

Between

Onset And Death

20. AUTOPSY ?

Yes No No

(STATE)

DATE SIGNED

ADDRESS

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Succession Dalley Milder Cheer Street States

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DATE REC'D BY LOCAL REGISTRAR

1955

0	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	04643
y. The	4640 CERTIFICATE OF DEATH Reg. Dist.	No. 13 \
carefull; legibly.	1. PLACE OF DEATH: COUNTY TURNS MARYLAND STATE ME COUNTY TO	desido
tion	CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give pearest town) HOSPITAL OR HOSPITAL OR STREET (If rural give location)	nd rive nearest town)
nforma	greet address tudiries Min. Hypital address	
em of i	(Type or Print) ESSE GRANT HAWES OF DEATH: May	(Year) 1951
ry iter	Mile Specify: Dinad Oct 17-1901 53 yrs.	ays Hours Min.
ly every	15 & O. Marich Co	CITIZEN OF WHAT
K. Supply write the ca	Grant Horres Mary B. Fry	
IN	Was Deceased Ever In U.S. Armed Forcesi Wes, no, or unk.) (If Yes, kive war or dates OCC. France) 16. Social Security No. 17. INFORMANT & ADDRESS: OCC. France of Service)	nont my
NG IN	18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
DI	162X	ONSE! AND DEATH
FA	IMMEDIATE CAUSE (A) DUE TO	0.00.+
Je:	ANTECEDENT CAUSE (S)	
ITH UNFA Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
W nt.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fresha.
1.4	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
/RITE PL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (Country of the country of the count	(State)
R WR is es	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
E OR	22. I hereby certify that I attended the deceased from 4, 1955, to 5, 1955, that I last	saw the deceased
SE TYPE	alive on	tated above. E SIGNED
	Henry V. Chase M. D. 42 Church It Francis	5/1/55
PLEASE cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Swinger Specific) May 4-1955 W. B., Chully Hawring	county) (State)
PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. PUPERAL DIRECTOR ()	ADDRESS /

04643

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VS.	

		2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
COUNTY Frederick MARYLAND		STATE Mary	and COUNT	Freder	rick
CITY (If outside corporate limits, write RURAL) LENG	TH OF STAY this place)	OR	corporate iimits, writerick-Rural		d give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Ho	spital	STREET ADDRESS Ne	(If rural gi	ve location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) RACHEL ELIZABET	TH H	Last)	4. DATE (Mo OF DEATH:	May 18,	1955
Female 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow	8. DATE	1893	61 yrs.	Months Day	ys Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-work Own Home		Maryland	State or foreign cour	try): 12. C	TIZEN OF WHA
John W. Tabler		14. MOTHER'S MA	inott		
(Yes, po, or unk.) (If Yes, give war or dates of service) None		Mrs. Kermit			Trive, Easton, N. Y.
MMEDIATE CAUSE ANTECEDENT CAUSE (5) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO DUE TO (C)	ligan	at Hype	tensio.	<i>r</i> ₀	22 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF	FOPERATION				20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Hotor Contributing Cause of Death (IF either, notify medical examiner)	me, farm, facto et, office bldg., e	ry, 21c. WHERE D	ID (City or town)	(County)) (State)
	OCCURRED	1 21F. HOW DID I	NJURY OCCUR?		
OF INJURY M. While at work	Not while at work				
22. I hereby certify that I attended the deceased finalize on 18., 1955, and that death signature	romman / occurred at	7., 1955, to M L: 03A _M , from th ADDRESS	e causes and on	the date st DATE 18 Ma	tated above. signed

2361 ES YAM

BECEINED

(Day)

16

Days

(Year)

1955

IF UNDER 24 HRS.

Hours

Unknown.

6 months.

YES T

(County)

20. AUTOPSY?

NO DE

(State)

COUNTRY?

S.

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BINDING

FOR

May 17, 1955

DATE SIGNED

Andrew K. Coffman, 40 E. Antietam St.



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Supply every item of information carefully.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. /44

04646

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE Md. COUNTY Free	derick
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) (in this place)	OR TOWN Creamstain	V
Creagers cown 30 yrs	Creagers cown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location ADDRESS	
DECEASED: (Type or Print) 5. SEX: 6. COLOR OR RACE: Wildowed. DIVORCED. (Specify)Married May	OF DEATH: May of Whom 1	Day (Year) 1955 VEAR IF UNDER 24 HRS. Hours Min.
work done during most of working life. even if raidim Laborer Gen. Farm Work	11. BIRTHPLACE (State or foreign country): 12. Thurmont, Fred.Co. Md.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James R. Isanogle	Emma Eicholtz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes no or unk) (If Yes give wer or dates A 13 15 40 30	Mrs. Thelma Kersey, Thurmon	nt,Rt.2, Md
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1 . 1	ONSET AND DEATH
IMMEDIATE CAUSE (A) Myseus	deal failure	I wk.
ANTECEDENT CAUSE (S)	surre and his	?
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) (B) (B) (C)	sclewsis	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Yension	3-415.
DISEASE OR CONDITION CAUSING DEATH.	N	
0		YES NO D
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Cour etc. INJURY OCCUR?	nty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mark alive on May 24, 1955, and that death occurred at SIGNATURE M. Praphle Rush	6:45p, M, from the causes and on the date	
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETI	ERY OR CREMATORY LOCATION (City, town, or	of county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	e Ridge Thurmont, Fred	
may 2 6 1955 Blanche S. Eyler	M. L. Creager & Son, Th	urmont, Md.

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The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

or Dist No 13

4042 CERTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL on and give nearest town) LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town OR
// Frederick Years	Frederick //
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS 208 Washington* Street
3. NAME OF (First) (Middle)	Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) LeROY MILLARD	KNILL OF DEATH: May 22, 19 55
RACE: WIDOWED, DIVERSED,	OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR If UNDER 24 Hrs. Months Days Hours Min.
NA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer OR. KIND OF BUSINESS OR INDUSTRY: Feed Company	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Waryland USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Knill	Ellen Carty
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 211-10-1117	Mrs. Charles T. Main, R.F.D. #5, Frederick, Md
18. MEDICAL CERTIFICATI	
DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Asterosomer of the contributing of the	leven, geverelige years.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., if Either, NOTIFY MEDICAL EXAMINER)	
DF INJURY (Day) (Year) (Hour) (Hour)	21F. HOW DID INJURY OCCUR?
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Line 1955 Chi alullus.	M. R. Etchison & Son, Frederick, Marylan

WAY 26 1955

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Supply every item of information carefully. The

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OR WRITE PLAINLY,

TYPE

PLEASE

VS.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH

M. R. Etchison & Son, Frederick, Maryland

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	. No
I. PLACE OF DEATH:		
county Frederick MARYLAND	STATE Maryland COUNTY Fred	
OR and give nearest town) (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR	
X Frederick-Rural-R.D.#1 Years	Frederick-Rural-F	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear Mt. Pleasant	STREET (If rural give location) Near Mt. Pleasant	/
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) RUTH: ELIZABETH	KOOGLE DEATH: May	27, 19 55
RACE: WIDOWED DIVERCED	2, 1885 9. AGE last birthday Funder 19 Months D	PEAR 1F UNDER 24 HRS. Daya Hours Min.
work done during most of working life, even if refressework 108. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE (State or foreign country): 12. Matyland	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John W. Corun	Carrie N. Fulmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) NO None?	Hobart Corun, Frederick R. F. D.	#1, Md.
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
IM 2 X		A CL A
IMMEDIATE CAUSE (A) MANCHON	Munima	24hr
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, (B)	ic Caranonia left line & pleurs	4 ms
STATING UNDERLYING CAUSE LAST. (C)	a bodyd externs	16mo
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON .	20. AUTOPSY?
0		YES NOTO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Count of the count	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	Ur., 1955 to 2-6.MAY 1955 that I last	saw the deceased
. / \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	t 1:30AM, from the causes and on the date	
Janes . Done for-	M.D. Walkersville, Maryland	5/27/1955
23. BURIAL CREMATION. DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



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MARYLAND OR and give nearest town)

CIF (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) (in this place) 25 year years

USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Frederic (If outside corporate limits, write RURAL and give nearest town) OR

TOWN Mountaindale

4. DATE

OF

DEATH:

STREET ADDRESS

1870

(If rural give location)

INSTITUTION OR STREET ADDRESS 3. NAME OF DECEASED:

HOSPITAL OR

Sarah Francis (Type or Print) 6. COLOR OR

TOWN Mountaindale

7. SINGLE, MARKIED, WIDDWED, DIVORCED, (SpeWEQOWEQ

(Middle)

8. DATE OF BIRTH: 18-

(Last)

II. BIRTHPLACE (State or foreign country):

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours

(Day)

(Month)

Female 10a. USUAL OCCUPATION Give kind of

work done during most of working life, even if retired): Housewire

10b. KIND OF BUSINESS OR Home

Virginia 14. MOTHER'S MAIDEN NAME: 12. CITIZEN OF WHAT COUNTRY? U.S.A.

(Year)

13. FATHER'S NAME:

John Lewis

(First)

Catherine Kirkpatrick 17. INFORMANT & ADDRESS:

15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: (Yes, no, or nnk.) (If Yes, give war or dates of service)

Howard W. Lewis, Brunswick, Maryland.

MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause

(a) DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

Interval Between

Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDRIGS OF OPERATION

AUTOPSY ? Yes No (STATE)

21. ACCIDENT SUICIDE HOMICIDE TIME (Month)

(Specify) (Day) (Year)

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY INJURY OCCURED While at Not While At Work

HOW DID INJURY OCCUR?

INJURY

Work |

OF

(Hour)

(CITY OR TOWN)

22. I hereby certify that I attended the deceased from 25, 1955, to 2, 1955, that I last saw the deceased alive on 220, 1955 ..., from the causes and on the date stated above. ., and that death occurred at SIGNATURE (Degree or title) ADDRESS

BURIAL CREMATION, DATE THEREOF REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

Burial DATE REC'D BY LOCAL REGISTRAR

6-I-I955 REGISTRAR'S SIGNATURE

Brunswick, Maryland, Park Heights 24 C.H. Feete and Bro Brunswick, Maryland

(COUNTY)

No Propositi

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Titte Goles

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BUREAU V. S.

NUL 2 1955

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M. R. Etchison & Son, Frederick, Maryland

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information

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BINDIN

REGISTRAR

DECEIVED

BUREAU V. S.

OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4652

4665 CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
Frederick HARVIAND	STATE Maryland COUNTY Balt	imore City	
COUNTY TIGATE TO MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY	JIAIL COUNTY		
OR and give nearest town) (in this place)	OR		
X TOWN Cullen (in this place) 6218 days	Town Baltimore	3V01-4	
HOSPITAL OR	STREET (If rural give location		
INSTITUTION OR Victor Cullen State Hospital	ADDRESS 717 Grantley Street	, v	
24.			
3. NAME OF (First) (Middle)		Day) (Year)	
DECEASED: (Type or Print) Charles	Moon DEATH: May	27 1955	
	E OF BIRTH: 9. AGE last birthday IF UNDER 1	YEAR IF UNDER 24 HRS.	
Male RACE: WIDOWED, DIVORCED. Specify Married June		Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT	
work done during most of working life, even if retired): Machinist Machinist	Maryland	S.A.	
	14. MOTHER'S MAIDEN NAME:	• 10 • 11 •	
13. FATHER'S NAME:			
Richard C. Moon	Catherine Mocks		
S. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service) 220-05-8424	Charles Moon		
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEE	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH	
Dulmonamy	Tuberculosis	17 years.	
	TUDGI CULOSIS	Tr Jears.	
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY. (B)			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	JN	20. AUTOPSY?	
		YES HO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution of the contribu	actory, 21c. WHERE DID (City or town) (Cour	ity) (State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?		
OF INJURY While Not while	7		
M. at work at work			
22. I hereby certify that I attended the deceased from May	7 18, 1938, to May 27, 1955, that I las	t saw the decease	
Mars 27 55 // 1 -1 -1	.5.00		
alive on May 27, 19 55 and that death occurred a	M, from the causes and on the date	stated above.	
SIGNATURE	Cullen, Maryland May 2	TE SIGNED	
	M. D.		
	TERY OR CREMATORY LOCATION (City, town, or	r county) (State	
Burial 5-31-55, Western	Balto. 23, Md.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
REGISTRAR 5/27/55			
2/2//22	Witzke Funeral Directors, 4101	Lamonason A	

DECEDAED NAMED AND STATEMENT OF THE PROPERTY O

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 141

I. PLACE OF	DEATH:	***************************************		2. USUAL RES	DENCE (HOME)	OF DECEAS	ED:	
COUNTY Frederick MARYLAND			STATE Mar	ryland			rederic	
CITY (If o OR and TOWNKING	utside corporate lir give nearest town)	mits, write RURAL LENC	this place) 50yrs.	OR	tside corporate lim	nits, write RU	RAL and gi	ive nearest town)
HOSPITAL INSTITUTI STREET A	ON OR	•		STREET ADDRESS	(1	If rural give l	ocation)	/
3. NAME OF DECEASED: (Type or Pri		(Middle) Mae		(Last) yers	4. DATE OF DEATH:	(Month)	(Day) 23	(Year) 19 55
5. SEX: Female	6. COLOR OR WALLE	7. SINGLE, MARRIED. WIDOWED, DIVORCI (Specify) MATTIE		of BIRTH: -1882	73	yrs. Mon	ths Days	Hours Min.
10a. USUAL O work done even if ret	CCUPATION. Give during most of work lired): HOUSE	kind of 10b. KIND OF INDUSTR	BUSINESS OF	Virgi:	CE (State or for	eign country)	COU COU	ZEN OF WHAT NTRY? S.A.
I3. FATHER'S		t Polhamus			Ann White	scaber		
15 WAS DECEAS (Yes, no, or unk	SED EVER IN U.S.ARM (If Yes, give war service)	red Forces? 16. Social Secondates of		Nilliam M		cville,	Maryla	and.
33/ Immedia Antecede Diseases o	X	(a) DUE TO	enbro enbro	p-Remo eg Delv	relogé celus.	/\$		Interval Betwee Onset And Deat
Conditions	GNIFICANT COND contributing to the the disease or condit	death but not	mie	my o care	even			
		b. MAJOR FINDINGS O	F OPERATION				1	Yes No No
21. ACCIDENT SUICIDE HOMICIDE TIME (Mon OF	(112111)	PLACE (Home, farm office bldg., INJURY (Hour) INJURY OCC While at	etc.)	HOW DID INJ		(COUNTY)	(STA	
INJURY		ttended the deceased f	from 5/2.7	ERY OR CREMITO	rom the causes	and on the	date star	123/59
DATE REC	D BY LOCAL RI	EGISTRAR'S SIGNATURE	grown.	C.H.Fee	rector te and Br	ro Brun		, Md .

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

Reg. Dist. 131

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AGMARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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OBA MEDERA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 () 4655

4667 CERTIFICATE OF DEATH

Reg. Dist. No. 13 \

	_											
1. PLACE OF	DEATH:		1,100		2. USUAL F	RESIDE	NCE (HOME)	OF DEC	EASED	:		
COUNTY	Frederick		MARYI	LAND	STATE	Mar	yland		CC	UNTY	Freder	rick
OF (If o	outside corporate li	mits, write	RURAL LENGTH	OF STAY		f outside	e corporate lim	its, write	RURA	L and gi	ive neares	town)
X TOWN	give nearest town) Adamstown		17 ye	is place)	OR TOWN	Mr.	Adamsto	רעש				X
HOSPITAL	OR			- Car. C	STREET			f rural g	ive loca	tion)		1
INSTITUTI STREET A	ddress Adam	stown			ADDRESS		. Adamst	own				
3. NAME OF DECEASED:	(First)		(Middle)		(Last)		4. DATE OF	(Mont	h) (Day)	(Year)	
(Type or Pr		ES	LUCINDA		NOEL	-	DEATH:	Ma	1/	8	19 55	
5. SEX:	S. COLOR OR RACE:	7. SINGI	E, MARRIED.		OF BIRTH:		9. AGE last b	rthday:	if UNDER			Min.
Female	White	(Speci	fy): Married	March	12, 1890		65	yrs.				
IOa. USUAL O	CCUPATION. Give during most of wor	kind of	10b. KIND OF BU	JSINESS OF	11. BIRTHI	PLACE	(State or fore	eign cour	try):	COU	ZEN OF NTRY?	TAHW
even if re	tired): Housew:	ife	Own home	4	Miss	ouri				US		
13. FATHER'S			O TOTAL TROBLE		14. MOTHER	S MAII	DEN NAME:					
Willia	am Hicks				Marga	ret.	Wriston					
15 WAS DECKA	SED EVER IN U.S.ARM			ry No.: 17.	INFORMANT	& ADI	DRESS:					
No Huni	(If Yes, give war service)	or dates of	None	I N	rs. Herb	ert	S. Wilbu	r - A	damst	cown.	Md.	
	***************************************		18. MEDICAL CE							1	Interval	Dot-son
1. DISEASES	OR CONDITIONS	DIRECTL	Y LEADING TO D	EATH	,	1	_4				Onset An	
170	X		Onvalue	auc. J) lereon	+=	millost	co couls		1	Mout	11 -
Immedia	te cause	DUE (a	TO	**************************************	7	.1	ryvov.	and the second	.,		(pt.menc.)	
Antecede	ent causes (s)		10		Λ							
giving rls	or conditions, if an	5e)		<i>(</i>)		***********************					
stating the	e underlying cause	last. DUE	10									
11 OMITTO GA	ONANGANA GOND	(c)									
Conditions	GN1FICANT COND contributing to the	death but	not									
	OPERATION 19		g death. R FINDINGS OF OR	PERATION						1 2	O. AUTO	PSY ?
IVE DALL OF			t I III DILL GD GI GI	2344111011							Yes 🗆 1	No 🗆
21. ACCIDENT	(Specify)	PLA	CE (Home, farm, fa	ctory, street,	(CITY OI	R TOW	N)	(COUNT	Y)	(STAT		
SUICIDE HOMICIDE		OF INJU	OE (Home, farm, fa office bldg., etc. JRY	.)								
TIME (Mon	th) (Day) (Year)		INJURY OCCUR	ED	HOW DID	INJUR	Y OCCUR?					
OF 1NJURY		m.		While Work								
22. I hereby	certify that I a	ttended t	he deceased from	oct	,1954., to	5	/8 , 19	ب. آ., t	hat I la	ast sav	the de	eased
	-/	- /	that death occur									
SIGNATI	3 / 6 191			LICU CLU					0110 000		CICATION	
110.01.11.	URE OF	.J., and	(Degree on title)		0	ADI	DRESS	,		DATE	SIGNED	
Ham	ieros. The	Dura	(Degree on title)		A.	ADI	DRESS			DATE	2/5-5	
23/ BURIAL	CREMATION: DA	Λ =	(Degree on title) NAME O	F CEMETE	RY OR CREM	Sec.	Cress M	ld N (City,	town, o	S County	7/5-5' (Sta	ite)
23 BURIAL REMOVAL Buris	CREMATION; DA	OULÓ TE THERI BY 10.	(Degree on title) (Degree on title)	of CEMETER nt Pauls	RY OR CREMA	PLOKY STORY	Point	ld N (City,	town, o	S County	yland	ite)
23 BURIAL, REMOVAL BUT 12	CREMATION; DA CREMATION; DE CREMATION; DE CR	OULÓ TE THERI BY 10.	(Degree on title)	of CEMETER	RY OR CREMA Cemeter 24. FUNERAL	ADI ATORY Y L DIRE	Point	N (City,	town, o	S County	bukess	
23 BURIAL, REMOVAL BURIS	CREMATION, DA	OULÓ TE THERI BY 10.	(Degree on title)	of CEMETER nt Pauls	RY OR CREMA Cemeter 24. FUNERAL	ADI ATORY Y L DIRE	Point	of F	town, o	S S S S S S S S S S S S S S S S S S S	vland bukess k Stre	et_
23 BURIAL, REMOVAL BUT 12	CREMATION; DA CREMATION; DE CREMATION; DE CR	OULÓ TE THERI BY 10.	(Degree on title)	of CEMETER	RY OR CREMA Cemeter 24. FUNERAL	ADI ATORY Y L DIRE	Point	of F	town, o	S S S S S S S S S S S S S S S S S S S	bukess	et_

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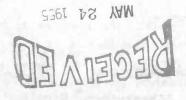
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ACAE

4545 CERTIFICATI	E OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	state Maryland county Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick LENGTH OF STAY in this place) Years	or Town Mount Pleasant
HOSPITAL OR GINSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS
	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MARY FRANCES	NUSBAUM OF May 22, 19 55
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday If UNDER 1 YEAR Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. Rectified Tahool Teacher Grade School	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? Delaware USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles W. Grant	Frances Clark
(Yes, no, or unk.) (If Yes, give war or dates of service) No None	Mr. George H. Nusbaum, Mt. Pleasant, Md.
18. MEDICAL CERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (S) (A) Crente Her OUE TO	morragine percentation 24 hrs
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2	YES XX NO
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, factor of Contributing \(\) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
OF INJURY OF INJURY OF INJURY ODAY) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from man alive on 22, 1953, and that death occurred at	
SIGNATURE	ADDRESS DATE SIGNED
23. BURIAL, OREMATION, DATE THEREOF NAME OF CEMET	D. Frederick, Maryland 5/23/1955 ERY OR CREMATORY LOCATION (City, town, or county) (State)
Burial May 25, 1955 St. Peters	Semetery Libertytown allaryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	M. R. Etchison , Son, Frederick, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

VS.



ARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

4668

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04657

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY TACELONICS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Frederick
CITY (If outside corporate limits, write RURA) and LENGTH OF (in this pis TOWN Drudge 2	TOWN Uncon Budge	Dearest town)
HOSPITAL OR ON INSTITUTION OR STREET ADDRESS	STREET (If rural give location)	1
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print)	10 1011 4. DATE (Month) OF DEATH May	(Day) (Year) 92 1944
6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORGE (Specify)	OED 88 73 yrs. Months. 1	year II under 24 hrs. Days Hours Min.
done during most of working life, even if retired) INDUSTRY	SS OR 11. BLRTHPLACE (State on foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME) SECTION OF COLORS	LIGHTER'S MADEN NAME PUSH	in
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of 4 3 3 1 2 - 8	No. 17. INFORMANT STO Reters.	
18 MEDIC	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Antecedent cause(s)	2- 0 -/ 3	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Myocarotes	0 000 000 00000000000000000000000000000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		9 69 69 97998889998 8 888896869 ₁₈₈₉ 1864 6 1864 1884 1884
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	PION	20. AUTOPSY? Yes □ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bidg., etc.) HOMICIDE INJURY	street, (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) IN#URY OCCURRED OF While at Not While INJURY m. At work		
22. I hereby certify that I attended the deceased fromM.	22, 19 J.J., to May 2 2, 19 JJ, that I last say	w the deceased
alive on Man 2 9, 1960, and that death occurred (Degree or title)	d at	ed above. DATE SIGNED
V. Hhega lun) / lews (and Md	5-22-55
23. BURIAL, CREMATION DATE REMOVAL (Specify)	EMETERY OR CREMATORY LOCATION, (City, town) or gounty	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Warmand D. W night Um	ADDRESS
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4669

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Anne	Arundel			
CITY (If outside corporate limits, write RURAL or and give nearest town) TOWN Cullen LENGTH OF STAY (in this place) 823 days	CITY(If outside corporate limits, write RURAL a OR TOWN Deals	nd give nearest town)			
HOSPITAL OR INSTITUTION OR Victor Cullen State Hospital	STREET (If rural give location) ADDRESS				
DECEMBED.	(Last) 4. DATE (Month) (I OF MAY DEATH:	28, 19 55			
RACE: WIDOWED, DIVORCED,	8, 1908 9. AGE last birthday FUNDER 1 Y Months D	ays Hours Min.			
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 10B. KIND OF BUSINESS OR INDUSTRY: Painter	ri. BIRTHPLACE (State or foreign country): 12. Maryland U.S	CITIZEN OF WHAT			
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Edward Phipps	Nellie Randall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unk.) (If Yes, give war or dates of service) Sending for	Samuel Phipps, Deals, Maryland				
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OOLX IMMEDIATE CAUSE ANTECEDENT CAUSE (S) Pulmonary T OUE TO	uberculosis	21 years.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OUT TO					
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE					
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?			
21A. ACCIDENT WAS UNDERLYING \(\) 21B. PLACE (Home, farm, fact OR CONTRIBUTING \(\) CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)			
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Feb. alive on May 28, 1955, and that death occurred at SIGNATURF					
REMOVAL (SPECIFY) 5-30-55 Quaker Bu	ery or crematory Location (City, town, or rial Grounds Galesville, Md				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS			

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53



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OBATE OF MERCEN

4645 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICAT	E OF DEATH Reg. Dist	. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Fred	erick
CITY (If outside corporate limits, write RURAL on and give nearest town) Frederick LENGTH OF STAY (in this place) Years		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS 219 South Market	/
3. NAME OF (First) (Middle)		Day) (Year)
DECEASED: (Type or Print) JESSE CLAGGETT	RAMSBURG, Jr. OF DEATH: May	6, 19 55
S. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WHOWED, BIVORCED,	E OF BIRTH: 9. AGE last birthday IF UNDER 1	
DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if renews boy	Maryland	USA USA
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Jesse Claggett RamsburgtSr.	Frances E. Hoffman	
Yes, No. or unk.) (If Yes, give war or dates of service) NO. 217-28-6009	Mr. Jesse C. Ramsburg Sr., Fre	h Market Stre
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
416X (MAD)	" Ment Foiler	Barrell
IMMEDIATE CAUSE (A) DUE TO	n (page) acting	- Command
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. (B) Ablum	the Kent Drien	15 years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		0
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH	N.	
SA. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	JN	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fa PRONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg if either, notify medical examiner)	ectory. 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	ty) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While While at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July		t saw the deceased
alive on	tlOtOOPM, from the causes and on the date	
	M.D. Frederick, Maryland	. 1 . 1
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, o	r county) (State)
	vet Cemetery Frederick, Mar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederi	ADDRESS
4 May 1988 Eynabelle J. Helle	m. H. Ercutson & Don's Freder	Oleg Man J Marie

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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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DECENAED

400	MARYL	AND ST	TATE DEPA	RTMEN'	T OF HEALT	H—BALTIMORE,	18 04690
400	1		CERTIF	ICATE	OF DEAT	H Reg.	Dist. No.
	mG182 6-21-	55 et	Item 8, Fi	lmG183	7-6-55 et	ICE (HOME) OF DECEASE	D•
I. PLACE OF							
COUNTY	Frederick		MARYLA			land COUNTY Fred	
CITY (If or and a TOWN	utside corporate limi	ts, write R	URAL LENGTH	place)	OR Bru	corporate limits, write RURA INSWICK	
HOSPITAL INSTITUTIO STREET AD	ON OR	h Map	le Ave.		STREET ADDRESS SOU	(If rural, give located ath Maple Ave	
8. NAME OF	(First)		(Middle)		(Last)	4. DATE (Montb)	(Day) (Year)
(Type or Pri		les	Harriso	n Rey	molds		30 1955
5. SEX:	6. COLOR OR	7. SINGLE	ED, DIVORCED,	8. DATE C	F BIRTH: 1878	9. AGE last birthday: IF U	the Days Hours Min.
Male	RACE: White		ried.	IO -6	-1879	76 / p yrs. Mon	
10a. USUAL	OCCUPATION (Give		10b. KIND OF BU	SINESS OR	11. BIRTHPLACE	(State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
even if re	e during most of wor	iter	Local		Marylar	nd	U.S.A.
13. FATHER'S	NAME:				14. MOTHER'S MAIL	DEN NAME:	
	Un-	Known			Un-	-Known	
I5. WAS DECEA	SED EVER IN U.S. ARM (If Yes, give war service)	or dates of	16. SOCIAL SECURITY		informant & add s.Maude Sc	chaeffer, Bruns	swick, Md.
7			18. N	MEDICAL CI	ERTIFICATION	1	INTERVAL BETWEEN
10	OR CONDITIONS D	RECTLY L	EADING TO DEA	H: 5	1.		OMJET AND DEATH
450.0	ite cause	(a)	MI	un	releso	7C/	
	ent cause(s)	DUE TO					4
Diseases of	r conditions, if any,	(b) DUE TO (c)		****************		, eag pro . e é é 2 : 0 : 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0	
Conditions	GNIFICANT COND contributing to the d the disease or conditi	TIONS:	eath.				
	OPERATION: 19			ERATION:			20. AUTOPSY?
(0						Yes No V
21. ACCIDENT SUICIDE HOMICIDI	, -	PLAC OF INJU	E (Home, farm, fac office bldg., etc.) RY		(CITY OR TOV		(STATE)
TIME (Me OF INJURY	onth) (Day) (Year) (Hour) M.	INJURY OCCUR While at Not w		HOW DID INJUR	Y OCCUR?	
alive on SIGNATUI 23. BURIALZ REMOVAL BUR 1.8	CREMATION DATE (Specify): 6.0 BY LOCAL REC	E THEREO	that death occurrence of the control occurrence occurrence of the control occurrence occur	urred at	Y OR CREMATORY Manor 24. FUNERAL DIRE	the causes and on the LOCATION (City, town Dargan, Was)	DATE SIGNED (State) (Co Md ADDRESS
fine	1-55 170	11	1 51 . 10				

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RECOVERED CONTRACTOR OF THE PROPERTY OF THE PR

BUREAU V. S.

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	carefully.
•	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
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I	PLAINLY,
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	OR
10 - 53	TYPE
S. Alb — 10 - 53	PLEASE

4	670	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	04	66	51
			CEL	RTIRICATE	OF	DEATH	Dog	Diet	No	14	4

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):			
COUNTY Frederick MARYLAND	STATE Md. COUNTY Frederick				
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	CITY(If outside corporate limits, write RURAL a				
Thurmont 71 yrs.	THE PROPERTY OF THE PARTY OF TH	X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	1			
3. NAME OF (First) (Middle) DECEASED: (Type or Print) PAULINE ELIZABETH F	(Last) 4. DATE (Month) (IOF DEATH: May 2	(Year)			
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y				
Female White Widowed, DIVORCED, (Specify) Married May	3. 1884 71 yrs.	ays Hours Min.			
work done during most of working life, OR INDUSTRY:		COUNTRY?			
even if retired): Housewife Own Home	Thurmont, Md.	.S.A.			
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
Joseph Claybaugh	Elizabeth Hoke				
S. WAS DECEASED EVER IN U.S. ARMED FORCES! IS. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Evers Portner, Thurmo	nt. Md.			
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 1.1	ONSET AND DEATH			
IMMEDIATE CAUSE (A) Gunt)	myocardeal failure	1-hr.			
ANTECEDENT CAUSE (S)		2			
DISEASES OR CONDITIONS, IF ANY, (B)	e myocardites				
STATING UNDERLYING CAUSE LAST. DUE TO	IVING RISE TO THE ABOVE CAUSE DUF TO				
(C) (interior	osclevosis	7			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
94. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N .	20. AUTOPSY?			
0		YES NO D			
1A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21C. WHERE DID (City or town) (County) (State) R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?					
FINJURY M. 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while At work At wo					
. I hereby certify that I attended the deceased from May 20, 1955, to May 23, 1955 that I last saw the decease					
alive on May 22, 1955, and that death occurred at/30AM, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED May 23 16					
	TERY OR CREMATORY LOCATION (City, town, or	1 / / / /			
Buriel May 25 1055 Blue Ri	idge Thurmont, Fred	.Co. Ma.			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	M.I. Creages & Son Thurmo	ADDRESS			

2961 7S YAM

DECENTED

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4671

CERTIFICATE OF DEATH

RE, 18 04662 Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland coun	Ty Frederick
CITY (If outside corporate limits, write RURAL! LENGTH OF STAY	CTTY (If outside corporate limits, write RURAL an	nd give nearest town)
OR and give nearest town) (in this place) X Nr. Frederick Lifetime	Nr. Frederick	X
HOSPITAL OR	STREET (If rural give location)	1
INSTITUTION OR STREET ADDRESS Nr. Frederick	ADDRESS Nr. Frederick	•
3. NAME OF (First) (Middle) DECEASED: (Type or Print) NELLIE R.	(Last) 4. DATE (Month) (Day) SCHAEFFER DEATH: May 14	19 55
RACE: WIDOWED, DIVORCED,	ary 27, 1873 9. AGE last birthday: If UNDER 1 YE Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O	OR 11. BIRTHPLACE (State or foreign country): 12. C	CITIZEN OF WHAT
work done during most of working life, even if retired): File Clerk Government Office		USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John A. Schaeffer	Frances Waskey	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	7. INFORMANT & ADDRESS:	
No None M	rs. Charles Mullen - Frederick, Ma	aryland
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO HEATH 332 X Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last, DUE TO	Telerones,	Interval Between
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.)	et, (CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on	11:19 p.m. from the causes and on the date s	
Burial May 17, 1955 Mount Oli	vet Cemetery Frederick,	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. E. Cline & Son - 8 East Patr	ADDRESS ick Street
(/: 6	Frederick,	

2361 YI YAM

WITH UNFADING INK.

is especially important. Physicians:

WRITE PLAINLY,

TYPE OR correct age

PLEASE

DATE REC'D REGISTRAR

BY LOCAL

955

The

Supply every item of information carefully.

please write the causes of death clearly and legibly.

A15-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1617

CERTIFICATI	E OF DEATH Reg.	Dist. No. 13
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECE	ASED:
COUNTY Frederick MARYLAND	STATE Md COUNTY FI	rederick
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick LENGTH OF STAY (in this place) 4 MO	OR outside corporate limits, write RUR	
HOSPITAL OR INSTITUTION OR Frederick Mem. Hospital	STREET (If rural give loca	tion)
3. NAME OF (First) (Middle) DECEASED: Anna Virginia SC	hildt 4. DATE (Month) OF May . DEATH!	I6 (Year)
Female White SpeciMarried Suly 3	9. AGE last birthday Month	s Daye Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if 100 to 100 working life. even if 100 to 100 with 100 wi	11. BIRTHPLACE (State or foreign country): Thurmont Fredk Co. Md	12. CITIZEN OF WHAT
13. FATHER'S NAME: Edgar R. Lewis	14. MOTHER'S MAIDEN NAME: Glenna K. Weller	
(Yes No or unk.) (If Yes, give war no dates of service) 18. Social Security No.	Glenna K.Lewis Thurmont	. MD
STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	lemontage ma of Cerver	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION CAUSING DEATH	N	20. AUTOPSY7 YES NO
21A. ACCIDENT WAS UNDERLYING DON'S CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (c) etc. INJURY OCCUR?	County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		
Designation (Conscient)	3 MM, from the causes and on the d ADDRESS 1. D. 7 E. Claud St., Freder ERY OR CREMATORY LOCATION (City, tow	ate stated above. DATE SIGNED
Burial May .18.1955 Church of	theBrethern Cem. Rocky F	Ridge Md

24. FUNERAL DIRECTOR
L. Creager & Son

SIGNATURE B. Hall

REGISTRAR'S

ADDRESS

Thurmont.



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BUREAU V. S.

VS. A15A

The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04664

Reg. Dist. No. 131

1. PLACE OF DEATH- COUNTY To Souck MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	treseick
Off give nearest rown) OR give nearest rown) OR give nearest rown)	OR TOPE CONTROL OF THE PURSE OF	e nearest town)
HOSPITAL OR ON STREET ADDRESS	STREET ADDRESS Que (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) IRA THOMAS	SEARS 4. DATE (Month) OF DEATH MAY	(Day) (Year) 20, 195
6. SEX COLOR OR RACE 7. SHOOD. MARKED. WIDOWED, DIVORED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	Days If under 24 hrs Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY FORM	Maryland	COUNTRY S A
William Thomas Sears	Sarah . Nichol	0
15. WAS DECRAYED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or no hor level) 17. None None	Sears - Claustown M	ol .
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
12 Immediate cause (a) Congestive	Heart Failure	Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	atie Heart Disease	Yes.
(c)		1
The total to the disease of condition tausing death.	rebral infact	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes 2 No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. Novel	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Dmy) (Year) (Hour) INJURY OCCURRED White at Not while INJURY m. Wille at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes of accident , suicide , homicide , homicide SIGNATURE (Degree or title)	eased died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED
Blimovat (Succify)	emetery Beallsville, Man	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Frederick	ADDRESS

SECEDAED WAY 24 1955

BUREAU V. K.

The correct age

4673

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNT	Y The adversaria
Frederick MARYLAND		Frederick
OR give nearest town) LENGTH OF STAY	OR (If outside corporate limits, write RURAL and gi	ve nearest town)
OR givenearest town) Town Enroute to Hospital (in this place) HOSPITAL OR	TOWN Adamstown	X_
79 INSTITUTION OR Frederick Memorial Hospital	STREET (If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ANNIE MARY	SMITH DEATH May	8. 1950
Female 6. COLOR OR RACE 7. SINGLE, MARKITED, WIDOWED, PHOTEED, (Sperty) Single	July 4, 1873 9. AGE last birthday If under Months	I year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR		2. CITIZEN OF WHAT
done during most of working life even if retired) INDUSTRY Home	Maryland	COUNTRY? USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Smith	Catherine Keller	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS R. F. D.	1
(Yes, never unknown) (If yes, give way or dates of None	Sarah E. Pearl, Frederick.	arvland
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1/200 to Constitute Branches Constitute Cons	1	P (2)
Immediate cause (a) Utill VII	money Colina	1 nount:
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	rotie heart dis.	10 yrs. I
stating the underlying cause last		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Of office bldg., etc.) [CAUSE OF DEATH.] [INJURY]	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes a accident , suicide , homicide , SIGNATURE	ased died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED
hades H willy & m. o. med from	Frederick Nameland	5/9/1955
1//	Frederick, Maryland RY OR CREMATORY LOCATION (City, town, or coun	
Buriar May 11, 1955 St. Pauls C		
DATE REC'D BY LOCAL RECASTRAR'S SIGNATURE	emetery Jefferson, Mar 1 24. FUNERAL DIRECTOR	y Land ADDRESS
9 Mars 1955 Elisabeth S. Hech	M. R. Etchison & Son, Frederic	

DECEIVED 1955

BUREAU V. S.

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efully. The	d legihly.
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct	and is asnowially important. Physicians: please write the causes of death clearly and legibly.
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y every item	the canses
Suppl.	a write
INK	nlese
UNFADING	Physicians.
JY, WITH	immortant
PLAIN	ullainons
WRITE	0000
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MARYLAND	STATE DEPARTMEN	T OF HEALT	H—BALTIMORE, 18	04666
4648	CERTIFICATE	OF DEA	ATH Reg. Dis	st. No. 131
I. PLACE OF DEATH:		2. USUAL RESIDI	ENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE Ma	arvland cou	NTY Frederick
CITY (If outside corporate limits, wri	te RURAL LENGTH OF STAY	CITY (If outside	de corporate limits, write RURAL	
12 CGC1 ICA	Lifetime		ederick	11
HOSPITAL OR INSTITUTION OR STREET ADDRESS 434 North	Market Street	ADDRESS 43	(If rural give location B4 North Market Stre	
3. NAME OF (First) DECEASED:	(Middle)	(Last)		ay) (Year)
(Type or Print) CORA		TALEY		1955
	OOWED, DIVORCED,	OF BIRTH:	9. AGE last birthday: If UNDER I Months	Days Hours Min.
Temate William	MICOMED COOC	r 13, 1882	72 yrs. C (State or foreign country): 12	CITIZEN OF WHAT
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife			(5.50)	COUNTRY? USA
I3. FATHER'S NAME:	Own home	Maryland	DEN NAME:	UDA
William Webster				
15 WAS DECEASED EVER IN U.S. ARMED FORCE	8? 16. SOCIAL SECURITY No.: 17.	Belle Hau	er Dress:	
(Yes, no, or unk.) (If Yes, give war or dates service)	of		Myers - 317 East 7 Frederick,	hird Street
		ON	Frederick,	Mary and Betwee
1. DISEASES OR CONDITIONS DIRECT		1		Onset And Deat
Immediate cause	(a) Comany	Hambos	5	0
Du	E TO			_
Antecedent causes (s) Diseases or conditions, if any,	(b) Comany	Tussfine	na	Sylan
giving rise to the above cause stating the underlying cause last. DU	E 10			
	(c) Gerterio sel	enotin He	ant Disease	5 years
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death bu	t not			1
related to the disease or condition causi 19a. DATE OF OPERATION: 19b. MAJ				1 20. AUTOPSY ?
				Yes No No
21. ACCIDENT (Specify) PL SUICIDE OF IN.	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOW	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Not While	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended		1952- to 1	4 4 19 TT that I las	t saw the deceased
alive on /2 May, 1955, an SIGNATURE				
SIGNATURE	(Degree or title)	11	1 11 -	-/3-5J
23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEMETER		3 NU NI	
REMOVA'S (Specify)				Maryland
Burial May 14. DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE	et Cemetery	Frederick, ECTOR	ADDRESS
13 Way 955 Elica	all b. Hollo		& Son - 8 East Pat:	rick Street
1			Frederick.	

BECEINED

BUREAU V. S.

2361 81 YAN

MARYLAND STATE DEPARTMENT OF HEALTH

4674

2411 N. Charles Street, Baltimore

04667

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH.	2. USUAL RESIDENC	CE (HOME) OF DECEASED.	
COUNTY To de de la MARYLAN	D STATE MOS	COUNT	Fredorich
(If outside corporate limits, write RURAL and LENGTH O		orporate limits, write RURAL and g	ive nearest town)
OR give nearest town (in this respective to the control of the con	lace) OR TOWN U	Halker snille	X
HOSPITAL OR	STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle) DECEASED	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) LAURA ALBERTA	STARVER	DEATH May	5 1953
5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIT WIDOWED, DIVE		9. AGE iast hirthday Month	er 1 year If under 24 hrs.
J (Specify) wide	wed leprel 24 18	76 79 yrs. Frontin	B Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	BSS OR 11V BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAI	DEN NAME	u. S.A.
Fall Brush	Jaurs 3	It and	
15. WAS/DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY		www.	
(Yes, no, or unknown) (If yes, give war or dates of service)	mrs. Gertie (Perger Todieshurs	md.
	ICAL CERTIFICATION		7
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	4	U	INTERVAL BETWEEN ONSET AND DEATH
16221	0.0.		ORGET AND DEATH
Immediate cause (a)	manyour	Ma	1 days
	L W	0 1.	
Antecedent cause(s) Diseases or conditions, if any. (b)	ouc Cardinasa	uley disease	10 years
giving rise to the above cause	00 01 0 01 0 00 00 0 01 1 1 1 0 0 0 0 0	х хуфини и йн 8 д о 14 - Й инин ийн д уччин 8 4 нн и <u>2 4</u> н унд о 1000 ст 1 ни 2 со 2 со 2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
stating the underlying cause last			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
			Yes No 🔼
21. ACCIDENT (Specify) PLACE (Home, farm, factor OF office hldg., etc.) HOMICIDE INJURY	r, street, (CITY)	OR TOWN) (COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		OCCUR?	
OF While at Not Whi INJURY m. Work At wor			
	Λ 11-	5	
22. I hereby certify that I attended the deceased from	1978, to 5	May, 1925, that I last	saw the deceased
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	U . a . 11.	1) (
alive on 5 / May 19 35, and that death occur	eu at, mom	the causes and on the date s	stated above.
SIGNATURE	a) ADDRESS	- 100 Oci	M. SIGNED
James (Stones)	Willer	will 109 3	14ag 55
23. BURIAL, GREMATION DATE THEREOF NAME OF (EMETERY OR OTHERATORY	LOCATION (City, town, or cou	inty) (State)
Beriof (Specify) 5/8/55 United	Bretheren.	Thurmont	ms.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRE	CTOR	ADDRESS
6 may 1955 Elisabeth & Hel	2. J.C. Barto	n. Walkersvelle	md.
		/	7

BUREAU V. S.

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I. PLACE OF DEATH:	2. USUAL RESIDE	CE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE MA	COUNTY T	
CITY (If outside corporate limits, write RURAL, LENGTH OF STAY)	AND THE PERSON NAMED IN COLUMN TO PERSON NAM	porate limits, write RURAL	ederici
Y TOWN Rural Nr Emmitsburg 50 yrs	TOWN Rur	al Emmitsburg	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS	(If rural give location Keysville)
DECEASED:	Last)	OF	(Day) (Year)
	ntine of Birth: 9.	DEATH: May	25 1955
Female White Specify Married Nov. 2		AGE last birthday IF UNDER 1 Months yrs.	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retire#Ousew1fe Own Home	11. BIRTHPLACE (Sta	co. Md. U	CITIZEN OF WHA
13. FATHER'S NAME:	14. MOTHER'S MAIL	DEN NAME:	
Jacob Baumbardner Burnellanden	Adelide S	Stambaugh	
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 15. SOCIAL SECURITY NO.	17. INFORMANT &		outour 1
(Yes, no, or unk.) (If Yes, give war or dates of service) NO NO	dgar A. Vale	ntine Srammi	taburg #d/
18. MEDICAL CERTIFICATI			
	ION		INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION		INTERVAL BETWEE
541.0 Turner		now	
541.0 IMMEDIATE CAUSE (A) INTESTINA	AL OBSTRUC	TION	
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541.0 IMMEDIATE CAUSE (A) INTESTINA ANTECEDENT CAUSE (S)			
MATECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) LINTESTINAL DUE TO (B) CHRONIC D (C)	UODENAL UI	LCER	
MMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DIAMS	UDDENAL UI	US	
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ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work	OBSTRUCTOR OF STRUCTOR OF STRU	CCTR O (City or town) (Country OCCUR?	years DAY 20. AUTOPSY? YES NO Onty) (State)
ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, fset OF INJURY street, office bldg., (If either, notify Medical Examiner) 21D. TIME (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While At work at work 22. I hereby certify that I attended the deceased from Augustical Street, and that death occurred at	OBSTRUCTOR OF THE MELLITOPE OF THE BRONCHOOF INJURY OCCUR?	(City or town) (Country OCCUR?	years J'/2 years J/2 years JAY 20. AUTOPSY? YES NO 1ty) (State)
ANTECEDENT CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING 19B. MAJOR FINDINGS OF OPERATION 21B. PLACE (Home, farm, fact OF INJURY street, office bldg., OF INJURY M. 21E. INJURY OCCURRED While At work 21D. TIME (Month) (Day) (Year) (Hour) M. While At work 21D. TIME (Month) (Day) (Year) (Hour) M. ALL WORK 21D. TIME (Month) (Day) (Year) (Hour) M. ALL WORK 21D. TIME (Month) (Day) (Year) (Hour) M. ALL WORK 21D. TIME (Month) (Day) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (Year) (Hour) M. ALL WORK 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) M. ALL WORK 21D. TIME (MONTH) (DAY) (HOUR) M. ALL WORK 21D. TIME (MONT	OBSTRUCTURE DID INJURY OCCUR? 21F. HOW DID INJ 17, 1953, to May 9/10PM, from the ADDRESS	(City or town) (Court URY OCCUR? 2.5., 1955, that I has causes and on the date	onset and deat / mouth //z years //z years DAY 20. AUTOPSYT YES NO aty) (State) It saw the decease stated above.

BUREAU V. S.

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ITH important. (Year)

CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick STATE Maryland COUNTYFrederick MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)

Town

Trown CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) Years TOWN Frederick Frederick

STREET

110SPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

(First)

ADDRESS 118 East Patrick Street

4. DATE

(If rural give location)

(Day)

(Month)

DECEASED: OF May 26 GRACE WALLACE E. V. (Type or Print) DEATII: 5. SEX: S. COLOR OR 7. SINODE, MARKIED 8. DATE OF BIRTII: 9. AGE last birthday: if UNDER 1 YEAR if UNDER 24 HRS. WIDOWED, DIVORCED. RACE: Months Days Hours Female (Specify) Widow 112. CITIZEN OF WHAT 10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): INDUSTRY: COUNTRY? work done during most of working life,

(Last)

even if retired): House-work 13. FATHER'S NAME:

Immediate cause

21. ACCIDENT

INJURY

3. NAME OF

14. MOTHER'S MAIDEN NAME:

Maryland

George R. Moberly Mary Catherine Barnes 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: | 118 E. Patrick St., (Yes, no, or unk.) (If Yes, give war or dates of Mrs. Lewis A. Kline, Frederick, Maryland service) None

18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH & 260X

(Middle)

Own Home

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last.

Infarction, aute

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,

(Specify)

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

(CITY OR TOWN) (COUNTY) 20. AUTOPSY ? Yes XX No

(STATE)

Intervai Between

Onset And Death

SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)

office bldg., etc.) INJURY OCCURED While at Not While At Work Work [

PLACE (Home, farm, factory, street,

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1957, to May 26, 1957, that I last saw the deceased

19.51, and that death occurred at 92 / m., from the causes and on the date stated above. alive on hay 26, DATE SIGNED (Degree or title)

23. BURIAL, CREMATION BURIAL (Specify) May 1955 Mount Olivet Cemetery

LOCATION (City, town, or county) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

ADDRESS 24. FUNERAL DIRECTOR M. R. Etchison and Son, Frederick, Maryland

DEVED VED

R. Etchison & Son, Frederick, Md.

REGISTRAR May 15.

DECEIVED ...

BUREAU V. S.

NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR

Frederick Memorial Park

LOCATION (City, town, or of inty) / (State)

Frederick, Maryland

Maryland

Frederick.

C. E. Cline & Son - 8 East Patrick Street

PLEASE WRIT

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BURIAL, CREMATION, REMOVAL (Specify)

DATE REC'D BY LOCAL

DATE THEREOF

1955

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